



South Carolina Department of Labor, Licensing and Regulation
South Carolina Board of Funeral Service
 110 Centerview Dr. • Columbia • SC • 29210
 P.O. Box 11329 • Columbia • SC 29211-1329
 Phone: 803-896-4497 • Contact: Funeral@llr.sc.gov • Fax: 803-896-4554
 llr.sc.gov/fs

CREMATORY OPERATOR REGISTRATION

Your application is good for one (1) year from the date of receipt. If all required information is not received within this one (1) year period, you must begin the application process from the beginning. This includes, but is not limited to, the application fee, transcripts, license verifications, etc.

Submit the following with your application:

- \$50 Check or money order made payable to LLR-Board of Funeral Service (Fees are non-refundable and non-transferrable). A returned check fee of up to \$30, or an amount specified by law, may be assessed on all returned funds. **NO CASH IS ACCEPTED.**
- Copy of your valid Driver's License, State Issued ID, Passport or Military ID
- Copy of your Social Security Card
- Notarized Verification of Lawful Presence
- Certificate of Completion for Board-approved Crematory Operator Training Course
- An official statewide criminal background check for the state(s) you have resided in within the past five (5) years.
- Legal documentation of name change (marriage certificate, divorce decree, court order, etc), *if applicable*

I. APPLICANT INFORMATION:

Last Name: _____ First: _____ Middle: _____ Suffix: _____

Have you ever legally changed your name? Yes No Maiden/Prior Name: _____
 If yes, please submit legal documentation supporting the change. (Marriage certificate, divorce decree, etc.)

Home Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____
(If different than above)

Phone: _____ Email Address: _____

Date of Birth: _____ Social Security No.: _____

(For statistical purposes only): Race: _____ Gender: Female Male

II. EDUCATION

Only Board-approved crematory operator training courses will be accepted. A list of approved courses can be found on the Crematory Operator Requirements and Registration Process Overview.

Course Name: _____ Date of Completion: _____

IV. PERSONAL HISTORY

All questions must be answered. For any “Yes” answers, attach a detailed explanation and submit any supporting documentation such as court dispositions, board orders, etc.

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| 1. Have you ever had any license to practice in the funeral profession denied, suspended, revoked, AND/OR surrendered by the licensing authorities in this or any other state or jurisdiction? | YES | NO |
| 2. Have you ever had any other business or professional license of any type suspended, revoked or surrendered in this or any other state or jurisdiction? | YES | NO |
| 3. Have you ever been convicted of or pled guilty to or nolo contendere to a crime (other than a minor traffic offense) that has not been previously disclosed? | YES | NO |

V. ATTESTATION

I certify that all statements contained herein are true and correct to the best of my knowledge. I further understand that the information provided or in connection with this application may be investigated and verified, and false or incorrect information provided by me may result in the cancellation of any license issued pursuant to this application as well as the filing of appropriate civil and criminal proceedings.

I hereby represent and warrant to the Board that I will, at all times, comply with the South Carolina State Board of Funeral Service laws and regulations.

Applicant Signature

Date

PRIVACY DISCLOSURE:

South Carolina Law requires that every individual who applies for an occupational or professional license provide a social security number for use in the establishment, enforcement and collection of child support obligations and for reporting to certain databanks established by law. Failure to provide your social security number for these mandatory purposes will result in the denial of your registration application. Social security numbers may also be disclosed to other governmental regulatory agencies and for identification purposes to testing providers and organizations involved in professional regulation. Your social security number will not be released for any other purpose not provided for by law.

Other personal information collected by the Department for the licensing boards it administers is limited to such personal information as is necessary to fulfill a legitimate public purpose. The South Carolina Freedom of Information Act ensures that the public has a right to access appropriate records and information possessed by a government agency. Therefore, some personal information on the application may be subject to public scrutiny or release. The Department collects and disseminates personal information in compliance with The South Carolina Freedom of Information Act, the South Carolina Family Privacy Protection Act, and other applicable privacy laws and regulations. Additionally, the Department shares certain information on the application with other governmental agencies for various governmental purposes, including research and statistical services.